



STATE OF NEW MEXICO
MAGGIE TOULOUSE OLIVER
SECRETARY OF STATE

AFFIDAVIT

Inability to Appear for In Person Voting and Request for Issuance of a Ballot

I, the undersigned, do hereby declare:

That _____, is physically unable to appear in
Print name as registered - person unable to appear

person to vote in the 2020 General Election, due to confinement in a hospital, sanatorium, nursing home, or residence; and the period for requesting an absentee ballot has passed; therefore requests a ballot be delivered by _____.
Printed full legal name of designated representative

I certify under penalty of perjury under the laws of the State of New Mexico that the foregoing information is true and correct.

Executed on: _____

Signature of person unable to appear

Signature of designated representative

Health Care Provider Certification

To be completed by the Health Care Provider

I, the undersigned health care provider certify under penalty of perjury under the laws of the State of New Mexico, hereby certify that the above named person is currently confined to a hospital, sanatorium, nursing home, or residence and is unable to appear in person to vote.

Signature of Health Care Provider

Printed Name of Health Care Provider

Date